Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

State: South Carolina

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation 42 CFR 435.10 and Subpart J 2.1 Application, Determination of Eligibility and Furnishing Medicaid

(a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing

OMB No.: 0938-

Medicaid.

TN No. MA 92-07
Supersedes Approval Date 6-4-92
TN No. MA 76-20

Effective Date 1/01/92

HCFA ID: 7982E